

Ontime Response Healthcare Limited

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## Inspection report

3 Dempster Court  
Brooklands  
Milton Keynes  
Buckinghamshire  
MK10 7HP

Tel: 01908061712

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07 December 2022

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Ontime Response Healthcare Limited is a domiciliary care agency that provides personal care to people living in their own homes.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of this inspection 1 person was receiving support with personal care.

People's experience of using this service and what we found

There were systems and processes in place to safeguard people from potential harm. Staff completed training about safeguarding and knew how to report abuse. Risks to the person using the service were assessed and strategies were put in place to reduce the risks.

There were safe infection control procedures in place including enough supplies of personal protective equipment (PPE) for staff. There were systems in place to ensure if it was required people received their medicines safely and as prescribed. The person using the service was supported by regular, consistent staff who knew them and their needs well.

The provider ensured that lessons were learned when things went wrong, so that improvements could be made to the service and the quality of care.

Staff and volunteers received an induction and ongoing training that enabled them to have the skills and knowledge to provide effective care.

The person's needs and choices were fully assessed before they received a care package. Their care plan included information needed to support them safely and in accordance with their wishes and preferences. The person using the service was supported to eat and drink enough to meet their dietary needs.

The person was supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider involved the person and their relatives in the care planning process and reviews of their care where possible. The provider had a complaints procedure which was accessible to the person and their relative, so they knew how to make a complaint. There had not been any complaints received at the time of our inspection, but systems were in place to address and investigate complaints.

The service had good governance systems in place to ensure all aspects of the service and quality of care provided were continuously assessed and monitored. A range of audits were in place to monitor the quality and safety of service provision.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

This service was registered with us on 05 March 2019 and this is the first inspection.

Why we inspected

This was a planned inspection following registration.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Ontime Response Healthcare Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was undertaken by 1 inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats specialist housing.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 06 December and ended on 07 December 2022. We visited the location's office

on 06 December 2022.

#### What we did before the inspection

In planning our inspection, we reviewed information we had received about the service. This included any notifications (events which happened in the service that the provider is required to tell us about) and any feedback about the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

#### During the inspection

We spoke with the person using the service and a relative. We spoke with the registered manager and had a telephone discussion with a newly recruited staff member who was undertaking their induction.

We reviewed a range of records. This included the person's care records and risk assessments. We looked at 2 staff files, 1 for a volunteer and another for a newly recruited staff member. A variety of records relating to the management of the service, staff training and supervision records, quality assurance information and feedback from people and staff were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The person using the service was protected from the risk of potential harm. They told us, "I'm perfectly safe. I know I'm in good hands." The person's relative commented, "Absolutely safe."
- Systems and processes were in place to help identify and report abuse to help keep the person safe. For example, staff received training in safeguarding and knew how to report concerns.
- At the time of our inspection there had not been any safeguarding incidents, however there were systems in place to make safeguarding referrals to the relevant authorities and the registered manager understood their responsibility to report safeguarding concerns.

Assessing risk, safety monitoring and management

- Risks associated with the person's care, support and environment had been identified and assessed. Records provided guidance to staff on the measures needed to reduce potential risk.
- The registered manager told us that risks to the person using the service were monitored by staff at every care call. The person's care plan was reviewed regularly so any changes to their needs and risk management strategies could be implemented.
- Staff informed the registered manager when they had concerns about the person's health, or their needs had changed. This enabled the registered manager to review the risks and identify the additional support needed.

Staffing and recruitment

- There were sufficient numbers of staff to keep the person safe and meet their needs. The registered manager undertook most of the care calls. However, when she was not able, a volunteer who had received the necessary training completed the remaining care calls. The person using the service told us, "The girls are lovely. We have a laugh and they have never let me down."
- The registered manager had recruited a new staff member who was completing their induction at the time of our site visit. They told us, "I have shadowed the manager and that has been helpful to me, so I know how [person] likes their care to be done."
- The provider followed their recruitment procedures to ensure people were protected from staff that may not be fit to support them. Disclosure and barring service (DBS) security checks and references were obtained before new staff started the probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed. The volunteer also had a very comprehensive recruitment file that showed they had all the same employment checks a staff member would have.

Using medicines safely

- At the time of our inspection the provider had not taken on the responsibility of administering people's medicines. However, there were systems in place and staff had been trained in the safe administration of medicines if they needed to support people with their medication.

#### Preventing and controlling infection

- Systems were in place to protect people from the risk of infections because staff had been trained in infection prevention and control and they had access to infection control policies and procedures.
- The person using the service informed us staff followed guidelines to reduce the risk from infection transmission. They said, "The carers wear gloves and aprons and always use hand sanitiser."

#### Learning lessons when things go wrong

- The service had systems in place to monitor incidents and accidents so action could be taken to promote people's safety. The registered manager understood how to use the information as a learning opportunity to try and prevent reoccurrences.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- An assessments had been completed regarding the person's health and care needs and this was kept under review and updated to reflect any changes.
- Staff had access to the person's care plan and risk assessments, so they could understand how to meet the person's needs. This helped staff to provide effective and consistent care.

Staff support: induction, training, skills and experience

- Staff and the volunteer were provided with support and training to be able to meet the person's needs effectively. The staff member completing their induction told us, "The training has been very good and the manager is always sending me things to read." Records showed staff and the volunteer received the training they needed to meet the person's needs.
- New staff and volunteers completed an induction and were able to shadow the registered manager to understand and gain knowledge about the job role.
- The person's relative felt staff were competent. They commented, "They have had training and [registered manager] shows them how to understand and support [family member]."
- Staff said they could approach the registered manager for support and guidance at any time, including out of hours support if required.

Supporting people to eat and drink enough to maintain a balanced diet

- The person was supported to eat and drink enough to meet their dietary needs and this was done in a safe way.
- Staff training records showed they had completed food hygiene training so knew how to handle food safely.
- The person's care file contained a nutrition and hydration care plan and detailed the support the person needed with their meals. This meant staff had the guidance they needed to meet the person's dietary needs.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- The person's care plan provided a clear overview of their health needs and the involvement of health care professionals where applicable.
- The registered manager informed us staff did not currently attend health appointments with the person using the service as this was usually undertaken by the person's family. However, the registered manager confirmed they could do this if it was required.

- The registered manager told us they had contacted the person's GP when they thought the person was unwell. They had also contacted the person's pharmacist when they were running low of their medicines.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- The person using the service told us the staff always asked for their consent and permission before they completed any tasks.
- The registered manager was aware of the process to follow to make formal decisions in people's best interests, should this ever be necessary.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The person was treated with dignity, kindness and respect. They told us, "The carers are very kind and very caring to me." The person's relatives commented, "My [family member] is definitely treated with kindness and is well cared for."
- Staff had received training in equality and diversity and spoke with kindness about the person they supported. The registered manager was keen to provide a good service and they demonstrated an understanding of the person's care needs and the importance of respecting diversity.
- The person's care plans described their individual daily routines, cultural needs and personal preferences.

Supporting people to express their views and be involved in making decisions about their care

- The provider involved the person and their relative in decisions about their care where required and when possible. For example, the person using the service was offered choices about their day to day decisions such as what they wanted to wear and what they wanted to eat and drink.
- The person's relative confirmed they were involved in making decisions about their family member's care and these were reviewed to ensure they remained up to date. The person's relative told us, "We are in regular contact with [registered manager]. If something needs changing, we just call [registered manager] and discuss it."
- Records showed that the person's care plan was reviewed regularly. There were numerous emails and text messages to show regular communication with the person's family.

Respecting and promoting people's privacy, dignity and independence

- The person using the service was encouraged to maintain their independence and do as much as they could for themselves. The person using the service told us, "I have made such good progress that I don't need the carers to come in as often."
- The person using the service told us that staff treated them with respect and always made sure their care was carried out in private.
- A confidentiality policy was in place. The registered manager team understood their responsibility and ensured all records were stored securely. Staff had a good understanding about confidentiality and confirmed they would never share any information except those that needed to know.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The relative of the person using the service told us the registered manager was responsive when things needed to be changed. They commented, "We always discuss any changes that need to be made and changes are made swiftly. The care plan is reviewed regularly, and we have a lot of input. The communication with [registered manager] is very good."
- A needs assessments was completed in detail and used to develop a person-centred plan of care. This had been reviewed regularly and when the person's care needs changed.
- The care and support plan we looked at contained personalised information for staff on how best to support the person with personal care, eating and drinking and other day to day activities. They were reflective of the person's current needs and included information about their personal preferences.
- The person using the service received person centred care from regular, reliable and consistent staff, which helped to build trust and support.

Meeting people's communication needs;

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The person's communication needs were assessed, and details of any needs were recorded. The person using the service did not have any specific communication needs; however, the registered manager said they would consider each person individually and would provide any support they needed.

Improving care quality in response to complaints or concerns

- There was a complaints procedure and policy in place that had been provided to the person using the service and their relative, so they knew how to make a complaint. The person's relative told us they knew how to complain if needed and felt comfortable any issues would be quickly rectified.
- The registered manager told us that there had been no formal complaints about the service and records confirmed this. There were processes in place to ensure that all complaints, both formal and informal, verbal and written would be dealt with appropriately.

End of life care and support

- At the time of the inspection, nobody was receiving end of life care. However, the registered manager told us that they could support someone at the end of their life with support from other health professionals and

with specific training for staff.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a positive ethos and the person using the service and their relative expressed their satisfaction with the care provided. They commented, "The care is very good. We have struck lucky finding this company."
- The staff member completing their induction told us, "The manager is very kind and very supportive. I do feel there is good leadership. If I needed help the manager would help me."
- The registered manager was passionate about delivering good quality care for people in their homes. They demonstrated an in-depth knowledge of the person they were supporting and had a clear understanding of the key principles and focus of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a system of audits in place to monitor the quality of the service. This included regular checks of records and spot checks of staff when supporting people. Audits and checks were carried out on people's care and their care records to ensure continuous improvement.
- Effective communication systems were in place to ensure staff were kept up to date with any changes to people's care and support systems to staff. We saw there were regular meetings and the provider had introduced a secure social media platform to enhance communication.
- Systems in place to manage staff performance were effective, reviewed regularly and reflected best practice. There was a supervision, appraisal and training programme in place. The volunteer was also supported in this way.
- The registered manager understood their responsibilities to notify CQC and other relevant authorities of any incidents which took place that affected people who used the service.
- The registered manager had systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The person using the service and their relative were involved in the improvement of the service where

possible. We saw satisfaction surveys that were sent out every 3 months and these demonstrated positive feedback in all areas.

- The person and their relative had regular contact with the registered manager and felt able to raise concerns and give compliments. The relative of the person using the service said, "I completed a survey recently. However, we talk all the time and I give feedback on a regular basis."

Continuous learning and improving care; Working in partnership with others

- We found a commitment to the continuous improvement of the service and the care provided. The registered manager told us they used information from audits, complaints, feedback, care plan reviews and accidents and incidents to inform changes and improvements to the quality of care people received.
- The provider's policies and procedures were kept up to date to ensure the service delivery would not be interrupted by unforeseen events.
- We found lessons were learnt when things went wrong, and improvements were made to the systems in place to enhance the care people received. These were shared with staff during meetings and supervisions.
- The registered manager and staff team worked with other professionals when required to ensure the service developed and people remained safe.